



## TOWN OF NARRAGANSETT

Town Hall • 25 Fifth Avenue • Narragansett, RI 02882-3699  
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### FINANCE DEPARTMENT

#### APPLICATION FOR SENIOR VARIABLE EXEMPTION FOR NARRAGANSETT, R.I.

**QUALIFICATIONS:**

- A. 65 YEARS OR OLDER (BY DECEMBER 31<sup>ST</sup>)
- B. RESIDENT OF 5 YEARS OR MORE; OR OWNED PROPERTY FOR 10 YRS  
AND ARE NOW A NARRAGANSETT RESIDENT.
- C. NOT RECEIVING ANY EXEMPTIONS IN ANOTHER CITY/TOWN OR STATE.

TAX YEAR: \_\_\_\_\_

Applicant(s) \_\_\_\_\_

Date \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_

PLAT/LOT \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parcel Address (if diff. from above) \_\_\_\_\_ Number of Units \_\_\_\_\_

Date property acquired \_\_\_\_\_

Do you own any other property in Narragansett? \_\_\_\_\_

Do you own property in any other city/town or state? \_\_\_\_\_

Did you file for a tax exemption last year? Yes No (circle one)

If yes in what town/state did you file? \_\_\_\_\_

	Resident #1	Resident #2	Resident #3
Name			
Date became a resident of Narragansett			
Date of birth			
Marital status			
Current employer			
Social Security Number			
% owned & tenancy			

*Continued on reverse side*

INCOME WORKSHEET (FILLED OUT ENTIRELY – IF IT DOES NOT APPLY PLEASE ENTER N/A) – ENTER THE ANNUAL AMOUNT, NOT WEEKLY OR MONTHLY.

**All back up documentation is required, 1099's, W-2's and Federal Tax return (if filed).**

	Resident #1	Resident #2	Resident #3	Total
Social Security				
Pension/Annuity				
Wages				
Unemployment				
Interest				
Dividends				
IRA Withdrawal				
Capital Gains				
Rental Income				
Public Assistance				
Business Income				
Reverse Mtg Income				
Other (specify)				

Total Gross Household Income \$ \_\_\_\_\_

*I hereby swear under penalty of perjury that I actually reside at the address for which exemption is requested and own and live at this address on a permanent basis, and that the dwelling is used exclusively by me (us). It is further understood that where any exemption is granted on the basis of incorrect information furnished by the applicant, the exemption shall be rescinded and the applicant shall be liable for the full tax plus interest retroactive to the date on which the taxes were due. The applicant will also be liable for any criminal penalties, which may be applicable for the furnishing of false information.*

*I certify that the above declaration constitutes any and all gross income into my/our household from January 1, 2016 thru December 31, 2016.*

*In addition, I hereby certify that I do not hold nor am I seeking a property tax related exemption in another State or Town.*

\_\_\_\_\_  
Resident #1 Signature

\_\_\_\_\_  
Resident #2 Signature

\_\_\_\_\_  
Resident #3 Signature

\_\_\_\_\_  
Tax Assessor's Department

\_\_\_\_\_  
Date